

SUPPORTING SCHEDULE 1 OFFICE OF STATE TAX COMMISSIONER SFN 23508 (11-95)

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(Attach to Form 44CT) North Dakota Cigarette and Tobacco Products Tax Monthly Return

Taxpayer's Ivanic		Tor the month of.		rear.	License #
Check One:	☐ Cigarettes imported or acquired ☐ Other credit-unsaleable or destroyed cigarettes				
Invoice	Na	me Of Supplier		Invoice	Number of
Date		Of Purchaser		Number	Cigarettes
Total Number Of C	ioarettes				